

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122  
Registered No. 268

**1. PLACE OF BIRTH**

County Green State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. Full name of child**

Orrel Gene Kempton

If birth occurred in a hospital or institution, give its NAME (instead of street and number)  
If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

**6. Legitimate?**

**7. Date of birth**

Month Day Year

**8. FATHER**

**Full name**

Orrel Kempton

**14. MOTHER**

**Full name**

Marine Gene Bowen

**9. Residence**

(Usual place of abode)

If non-resident, give place and state

Midland Cal

**15. Residence**

(Usual place of abode)

If non-resident, give place and state

Midland Cal

**10. Color or race**

White

11. Age at last birthday 20 (Years)

**16. Color or race**

White

17. Age at last birthday 16 (Years)

**12. Birthplace (city or place)**

(State or country)

Jefferson Ariz

**18. Birthplace (city or place)**

(State or country)

Indianapolis Ind

**13. Occupation**

Nature of Industry

Mechanic

**19. Occupation**

Nature of Industry

Housewife

**20. Number of children of this mother**

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Born alive or stillborn)

Signature

Melvin D. Brayton  
Miami Ariz  
(Physician or Midwife)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

Address

Filed

June 15, 29 C. E. Brown  
Registrar

Registrar

Registrar

6025 - 6060 - 425

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

THIS IS A PERMANENT RECORD